

BERA Club Activities

Weight Room or fitness activities: Any contractor or family member (this includes spouse/partner, adult children, guests/contractors) wishing to use the Weight Room MUST present a copy of their medical insurance card and initial a receipt that states they have insurance in place in order to participate in any fitness activities or the weight room. The Recreation Office (Bldg 400) will keep this receipt on file.

BERA League Sports: BSA paid employees must fill out this [BERA Sports Clearance Form](#) * and go through the clearance procedure with OMC @ 490 (not BERA office). Once reviewed by OMC, the clearance form will be mailed to the player who must then furnish a copy to the captain in order to practice or play. [Injury Report Form](#)

***Non-employees are not required to fill out the BERA Sports Clearance form,** but are required to show proof of current health insurance in place and sign a receipt that states as much. The Recreation Office (Bldg 400) or your team captain will keep this receipt on file.

POLICY Change in effect: If you are injured during *any recreational activity or while playing in BERA sports league on site*, **you** must call the Occupation Medical Clinic at ext. 3670 or email nurses@bnl.gov immediately, no later than 24 hours post injury. Leave a message if after hours.

CONFIRMATION OF MEDICAL INSURANCE

Date: _____

The individual listed below has shown BERA their medical insurance card and is now able to participate in one of the following:

- 1) BERA League sports
- 2) Fitness activity
 - 3) Weight room

_____ has shown proof of insurance.
Participant Name (please print)

_____ Life # _____
Participant Signature

Confirmed By: _____
Signature

Print name